

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



ENTERED

Permit #:	19-0151
Date:	6-4-19
Amount Paid:	\$125 2-1-19 \$125 2-11-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER																	
Owner's Name: Norbert Oleinik, Charles Oleinik Allen Oleinik, Andrew Brusco		Mailing Address: 1715 melody Ln. Rhineland, WI 54501		City/State/Zip: Rhineland, WI 54501		Telephone: 715-440-0892											
Address of Property: FR 447		City/State/Zip: Town of Port Wing		Cell Phone: 715-440-0892													
Contractor: UNKNOWN		Contractor Phone:		Plumber: NONE		Plumber Phone:											
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# 04042249071730200020000		Recorded Document: (Showing Ownership) V964 P932											
NW 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.		Subdivision:	
Section 17, Township 49 N, Range 7 W		Town of: Port Wing		Lot Size		Acreage 20											

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$15,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Post	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/>	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> After the Fact		<input type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 16	Width: 20	Height: 18
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(16 X 20)	320
	<input checked="" type="checkbox"/>	with Loft	(16 X 20)	320
	<input checked="" type="checkbox"/>	with a Porch bedroom Addition	(12 X 8)	96
	<input checked="" type="checkbox"/>	with (2nd) Porch	(X)	
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with a Deck	(8 X 10)	80
	<input type="checkbox"/>	with (2nd) Deck	(X)	
	<input type="checkbox"/>	with Attached Garage	(X)	Footprint = 496
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Charles Oleinik, Andrew Brusco, Allen Oleinik, Norbert Oleinik Date 2-1-19
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See survey map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

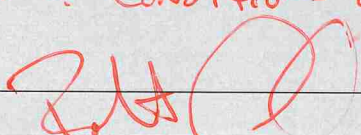
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	153 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	120' Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	33.3' Feet		
Setback from the South Lot Line	258' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	628' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	677' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	30' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

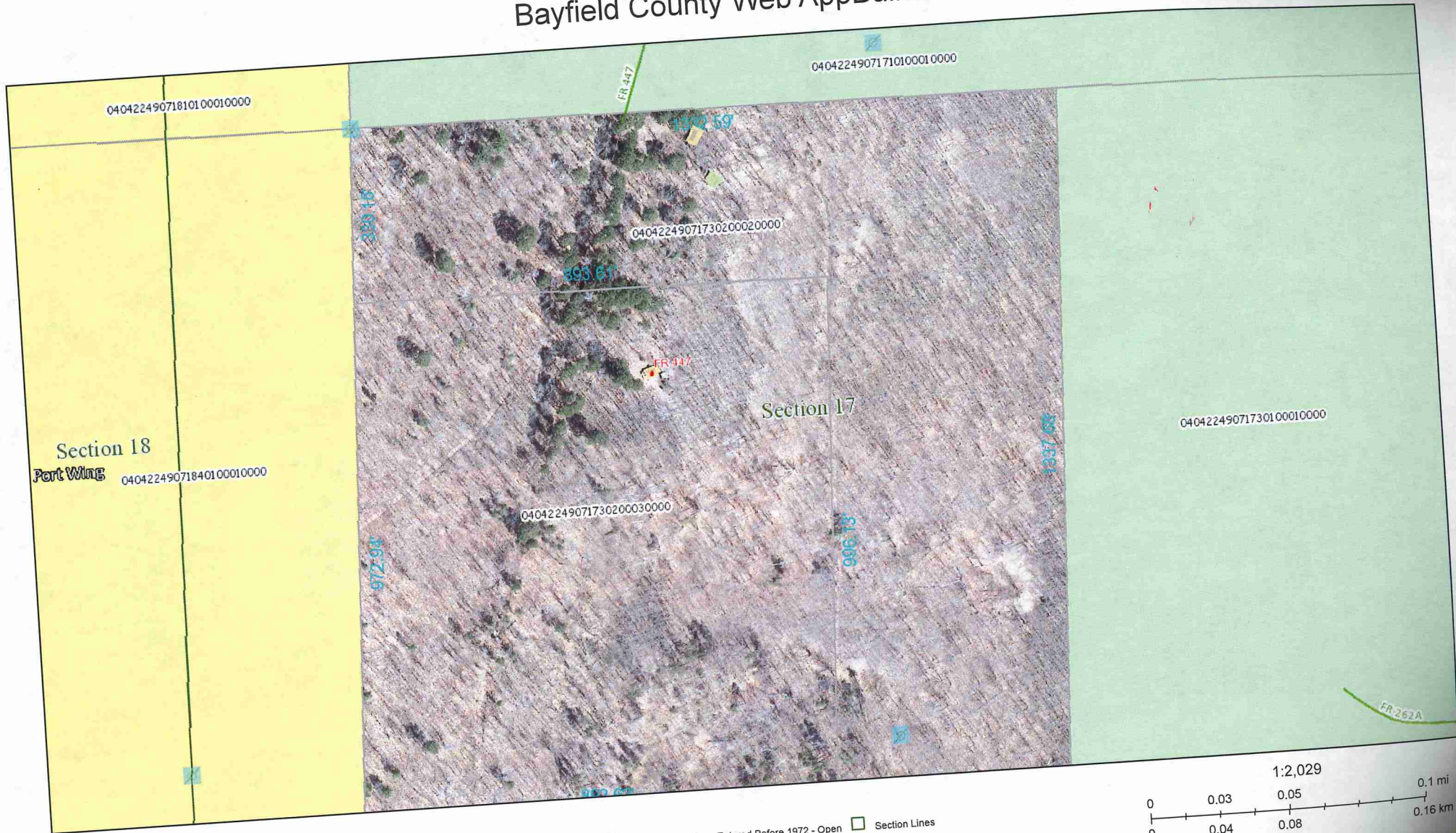
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: LU 8684	# of bedrooms: Privy	Sanitary Date: 9/15/1989
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0151		Permit Date: 6-4-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: 18-04 B		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Existing	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attached	
Inspection Record: Existing Entry deck & Bedroom on previously Permitted Residence.		Zoning District (F1) Lakes Classification (-)		
Date of Inspection: 7/24/18		Inspected by: Robert Schierman		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Per decision & Conditions of Board of Adjustment.				
Signature of Inspector: 				Date of Approval: 2/12/19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

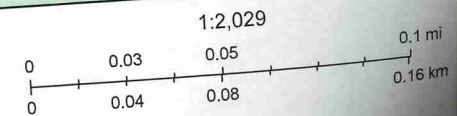
Bayfield County Web AppBuilder



5/24/2018 9:20:39 AM

- ☐ Ashland Co Parcels
- ☐ Douglas Co Parcels
- Public Land**
 - ☐ Federal
 - ☐ State
 - ☐ County Other
 - ☐ County Forest
- ☐ Municipal
- ☐ Managed Forest Land Entered After 2004 - Open
- ☐ Managed Forest Land Entered Before 2005 - Open
- ☐ Combined Managed Forest Land - MFL Open After 2004 and MFL Closed After 2004
- ☐ Combined Managed Forest Land - MFL Open Before 2005 and MFL Closed Before 2005
- ☐ Private Forest Crop Entered After 1971 - Open

- ☐ Private Forest Crop Entered Before 1972 - Open
- ☐ Rivers
- ☐ Lakes
- ☐ Tie Lines
- ☐ Meander Lines
- ☐ Approximate Parcel Boundary
- ☐ Section Lines
- ☐ Government Lot
- ☐ Municipal Boundary
- ☐ Red Cliff Reservation Boundary
- All Roads**
 - ☐ Federal
 - ☐ State



Bayfield County, Bayfield County Land Records

Web AppBuilder for ArcGIS
Bayfield County Land Records | Bayfield County

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X** w/affidavit (Doc. #2018R-574528)
SANITARY – **X** [Privy] (#8684-9/15/1989)
SIGN –
SPECIAL –
CONDITIONAL –
BOA – **X** (# 18-04B) (Special Exception-8/30/2018)

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0150** Issued To: **Norbert Oleinik, Charles Oleinik, Allen Oleinik & Andrew Bruso**

part of the

Location: **NW ¼** of **SW ¼** Section **17** Township **49** N. Range **7** W. Town of **Port Wing**
(in V. 964 P. 932 Register of Deeds Office)

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **A Special Exception (13-1-22(j) from the terms of Section 13-1-60(a), Row 2, Column 3**

Permit allows for an existing 1-Story with Attic/Loft Residence (16' x 20' = 320 sq. ft.); 18' in Height with an after-the-fact Bedroom Addition (8' x 12' = 96 sq. ft. and Deck Addition (8' x 10' = 80 sq. ft.) for an overall footprint of 496 sq. ft to remain a distance of 33.3' from the North property line.

You (the property owner) shall fulfill the conditions placed by the Board of Adjustment; your recorded affidavit; sanitary (if applicable) and/or any additional requirements placed by this Department. The Planning and Zoning Department requires verification/proof that all conditions have been met. Any future expansions or development would require additional permitting.

Condition(s): (1) The applicants must seek, with appropriate fees, and be issued an After the Fact Land Use Permit for the deviation in the residence as constructed versus the permit dimensions and a second permit for the wood shed on the property. (2) The applicants must submit in writing a document correcting their application (18-04). The errors identified in the application are deemed not material to this decision. (3) If further development of this site is undertaken, all residential structures must meet the seventy-five-foot set back requirement to the East, West and South. No sanitary systems or well is allowed to service the current residence. If desired, the residence must be moved or a new code compliant one constructed. Additionally, the applicants are allowed to increase the square footage of their residence to double its current size provided it does not violate the new Northern property line setback requirement. (4) Notice of the above requirements shall be recorded with the Bayfield County Register of Deeds office.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Board of Adjustment / Robert Schierman

Authorized Issuing Official(s)

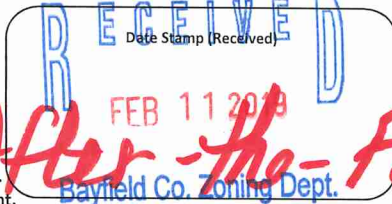
June 4, 2019

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	19-0151
Date:	6-4-19
Amount Paid:	\$75 2-11-19 \$75 2-11-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: <u>Robert Oleinik, Charles Oleinik, Allen Oleinik, Andrew Brusco</u>	
Mailing Address: <u>1715 melody Ln.</u>	
City/State/Zip: <u>Rhineland, WI 54501</u>	
Telephone: _____	
Address of Property: <u>FR 447</u>	
City/State/Zip: <u>Town of Port Wing</u>	
Cell Phone: <u>715-490-0892</u>	
Contractor: <u>Owners</u>	
Contractor Phone: _____	
Plumber: <u>None</u>	
Plumber Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	
Agent Phone: _____	
Agent Mailing Address (include City/State/Zip): _____	
Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION	Legal Description: (Use Tax Statement)
Tax ID# <u>04042249071730200020000</u>	
Recorded Document: (Showing Ownership) <u>Y 964 P 932</u>	
<u>NW 1/4, SW 1/4</u>	Gov't Lot _____
Lot(s) _____	CSM _____
Vol & Page _____	CSM Doc # _____
Lot(s) No. _____	Block(s) No. _____
Subdivision: _____	
Section <u>17</u> , Township <u>49</u> N, Range <u>7</u> W	
Town of: <u>Port Wing</u>	
Lot Size _____	Acreage <u>20</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>500</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> None	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Roof over wood pile	Use _____	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input type="checkbox"/> Year Round	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	
	<input checked="" type="checkbox"/> After the Fact		<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>14</u>	Width: <u>20</u>	Height: <u>10'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>Roof over wood pile</u>	(14 x 20)	280
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Robert Oleinik, Charles Oleinik, Allen Oleinik, Andrew Brusco Date 2-1-19
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

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In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- | | |
|---------------------------|--|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |

SEE Survey map

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	200	Feet	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	167	Feet	Setback from the River, Stream, Creek	N/A
			Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	106	Feet		
Setback from the South Lot Line	200	Feet	Setback from Wetland	N/A
Setback from the West Lot Line	677	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	635	Feet	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	N/A
Setback to Drain Field	N/A	Feet		
Setback to Privy (Portable, Composting)	25'	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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Issuance Information (County Use Only)		Sanitary Number: LU 8684	# of bedrooms: Privy	Sanitary Date: 9/15/1989
Permit Denied (Date):		Reason for Denial:		
Permit #: 19-0151		Permit Date: 6-4-19		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Case #: 18-04 B		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: NA		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Existing	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Attached	
Inspection Record: Existing wood shed no permit on file.				Zoning District (F1)
				Lakes Classification (-)
Date of Inspection: 7/24/18	Inspected by: Robert Schlerman	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Per decision of Board of Adjustment. Not to be used for human habitation.				
Signature of Inspector: [Signature]				Date of Approval: 2/12/19
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal
permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **19-0151** Issued To: **Norbert, Charles, & Allen Oleinik & Andrew Bruso**

Part of
Location: **NW** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **17** Township **49** N. Range **7** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Roof over wood pile (14' x 20') = 280 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. Permit required per decision of BOA.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 4, 2019

Date